

### Fundraising in the Workplace Form

Thank you for showing interest in fundraising at, or for, Providence Care. We are proud of our community members who devote their time and energy to fundraising for charitable causes.

All persons seeking permission to carry out fundraising at Providence Care are required to comply with organization policies on fundraising in the workplace and to submit this completed form to University Hospitals Kingston Foundation for review and distribution to the executive leadership group of Providence Care.

#### 1. Organization/Staff Information:

Name of Organization/Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### If Providence Care employee, please fill out the following:

Title/Department: \_\_\_\_\_ Phone ext.: \_\_\_\_\_

Program: \_\_\_\_\_

If the beneficiary is a specific program at Providence Care please specify: \_\_\_\_\_

#### 2. Event and Location Information:

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Expected People \_\_\_\_\_ Fundraising Goal \_\_\_\_\_

Event Time – Start \_\_\_\_\_ End \_\_\_\_\_  
(Note: Please include set-up time in your booking time)

Event Location: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Space Requested: (please specify size required) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Additional Requirements** (Please include any other special needs):

\_\_\_\_\_

*NB: Please note that ALL raffles and draws of any value require a municipal license.*

4. Promotion plans – Foundation/Providence Care role in your event

- Letter of endorsement to validate your event and help you secure prizes/donations
- Foundation or Providence Care logo on promotional materials (must be approved before print)
- Event details listed on uhkf.ca
- Advertise your event on UHKF and/or Providence Care Facebook and Twitter
- Utilize online fundraising webpage with UHKF
- Release your name and contact info to the media if asked about your event

Please indicate if you require promotional materials for your event

- Banners
- Pamphlets
- Providence Care representative to speak at your event
- Cheque presentation Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
- Other: \_\_\_\_\_

List local businesses or organizations you intend to solicit for prizes or donations: (attach list if needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Approved by Director, communications Providence Care: \_\_\_\_\_  
Please fax, email or mail to:

Date: \_\_\_\_\_

Approved by UHKF \_\_\_\_\_

Date: \_\_\_\_\_

Date Applicant Notified: \_\_\_\_\_

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